



# VVFC VACCINE RETURN FORM

Date \_\_\_\_\_ Pin \_\_\_\_\_

Contact \_\_\_\_\_

Practice \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

*Please circle any new information in order for us to update your records.*

Explanation	
<b>EXPIRED</b>	Vaccine has reached expiration date on vial/box.
<b>SPOILED</b>	Spoiled upon delivery or spoiled at facility (select one).
<b>DAMAGED</b>	Vaccine damaged during shipment or damaged at facility (select one).
<b>VIABLE</b>	Vaccine overstocked, wrong amount or wrong product (select one).
<b>TRANSFER</b>	Viable vaccine is being transferred to another VVFC provider.
<i>Please report the following using this form.</i>	
<b>WASTED</b>	Vaccine is drawn up but not administered.

Vaccine	Doses	Lot Number	Expiration Date	Explanation

Please fax or mail the completed form back to the Virginia Vaccines For Children program.

**DO NOT mail vaccine to the VVFC Office.**

## VIABLE RETURNS and TRANSFERS:

Viable returns are processed immediately. Fax a completed return form as soon as possible for viable vaccine with three or more months until expiration. Vaccines with less than three months until expiration can be transferred to another VVFC provider with VVFC approval. A Temperature Log must be attached for viable returns and transfers.

Please submit returns for spoiled, expired or other unused vaccines as often as necessary. Prepaid shipping labels will be distributed in VVFC envelopes on a bimonthly schedule, e.g., February 1, April 1, June 1, etc. Package the vaccines appropriately and have the package picked up by the selected shipping company (UPS, Airborne, Fed Ex).

Virginia Vaccines For Children Program

Division of Immunization, P.O. Box 2448

109 Governor Street, Room 314 West

Richmond, Virginia 23218

Phone (877) 781-VVFC (8832) or (804) 864-8055

Fax: (804) 864-8090

**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH  
*Protecting You and Your Environment*  
[www.vdh.state.va.us](http://www.vdh.state.va.us)

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